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CONFIRMATION NO. 6166

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|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER 09/524,027 | FILING DATE 03/13/2000 RULE | CLASS 602 | GROUP ART UNIT 3743 | ATTORNEY DOCKET NO. 14072-006001 |
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APPLICANTS

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** CONTINUING DATA *****

None Kue

** FOREIGN APPLICATIONS *****

None Kue

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/12/2000

| | | | | |
|---|-----------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CANADA | SHEETS DRAWING 2 | TOTAL CLAIMS 42 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

26161
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TITLE

TRANSCUTANEOUS MEDICAL DEVICE DRESSINGS AND METHOD OF USE

| | | |
|------------------------------------|---|--|
| FILING FEE RECEIVED 1360 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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